

This month in [wjm](#)

[Opening the black box of medical error](#)

Human error occurs in health care settings as in any other complex system. No measure of training, dedication, or punishment can eliminate it. Yet individuals rather than systems are blamed for mistakes, argues Reinertsen on p 356 in the first of three Op-Eds on medical error. On p 358, Wu discusses how doctors themselves are the “second victims” in the aftermath of error, for they can lose their nerve, burn out, or seek solace in alcohol or drugs. Organizational changes are needed, says O’Leary on p 357, to create an environment in which it is safe to admit to mistakes so that we can recover and learn from them.

[California emergency rooms are overcrowded](#)

In 1995, 100 million people visited emergency departments in the United States. The numbers are rising by 2% each year. On p 385, Richards et al present the results of a survey of emergency department directors. Nearly all report overcrowding, due to bed and nursing shortages, delays in laboratory testing, and increases in patient acuity and volume. In his commentary on p 388, Kazzi demands

that emergency services be given back true control over clinical decisions from the managed care gatekeepers.

[The health of patients who are not heterosexual](#)

Health care professionals often assume that their patients are heterosexual. But 10% of the population identify themselves as gay, lesbian, bisexual or transgender. On p 401, Lee outlines how to take a sensitive and inclusive sexual history from a lesbian patient. On p 403, she argues that health care provision to patients who are not heterosexual is suboptimal. She outlines their specific medical needs, and ways to promote their health. We could do more to promote preventive health behaviors in lesbian and bisexual women, says Koh on p 378. Data from her questionnaire survey indicate that these women are less likely to have had cholesterol screening or mammography, and more likely to have used illicit drugs.

[A lesson on Vietnamese culture](#)

American physicians are privileged to serve such a culturally diverse population. Beginning her series on caring for patients from different cultures, Galanti, on p 415, educates us on Vietnamese family relationships.